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The role of menstrual hygiene management (MHM) for women labor market participation: A case of Ethiopian women MHM experiences in the formal sector

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Keywords:	MHM challenge, practices and impacts, women labour market participation, feminist theory, intersectionality, women empowerment, sociocultural factors, patriarchy culture.
Purpose:	Investigating the impact of functional MHM facilities and access to affordable MHM materials on the equitable labour market participation of Ethiopian women in the formal sector.
Theory:	Liberal feminist theory with the concept of intersectionality as well as women empowerment are used. To understand the role of cultural influence of the society towards menstruation and MHM, sociocultural approach has also been used to analyse the results.
Method:	Semi-structured interview method,
Result:	In most developing countries, women have a lower percentage of labour market participation compared to men due to various reasons. The lack of MHM and adequate Water, Hygiene and Sanitation (WASH) facilities is one of these reasons. This research is conducted in various workplaces in the formal sector of the second most populous country in Africa, Ethiopia. Furthermore, my result showed that the lack of functional WASH facilities, lack of communication due to deep-rooted cultural taboo and patriarchy has contributed to lower women participation in the Ethiopian labour market. The women who overcome these challenges have used different coping mechanisms such as

female solidarity, using extra time outside of workhour as well as taking responsibility upon themselves to facilitate MHM. However, despite the coping mechanisms, my findings also showed that women personal health are impacted and resulted in lower work performance. To address the lack of WASH facilities Ethiopian government needs to prepare a clear policy regarding MHM. This includes abolishing deep-rooted cultural taboos and stigma to facilitate discussion about MHM in the workplace and beyond.

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1 Introduction

According to recent UNICEF data, 1.8 billion women and girls, which is roughly half of global women population menstruate (UNICEF, 2019; World Bank, 2019). Menstrual cycle is a natural and healthy phenomenon exhibited by women and girls of reproductive age that lasts roughly 28 days. The duration of menstruation period ranges between 2 to 7 days during the cycle. That means on average a woman menstruates for about 7 years between the ages 15-49 (UNICEF, 2018). Menstruation is psychologically an integral part of women life. However, attitudes, discriminatory social norms, various cultural myths and taboos, poverty and lack of infrastructure have denied women the right to manage their hygiene in a dignified and healthy way without feeling ashamed, harassed, stigmatized and socially excluded (Mohamed et al., 2018; UNICEF, 2019). Poor and unhygienic menstrual hygiene management (MHM) can lead to reproductive health problems and urinary tract infections (VanLeeuwen & Tronodel, 2018). Furthermore, in the context of this thesis, the deep-rooted stereotypes and lack of MHM facilities in low- and middle-income countries (LMIC) have also hampered women participation in the labor market (Sommer et al., 2016).

Although women account for roughly half of the global population, their participation in the workforce is low compared to men. Recent statistics indicates the difference in women workforce participation is 26% (in certain cases up to 50%) lower compared to men (ILO, 2018). Despite the positive trend over the years, lower workforce participation is observed especially in LMIC (Verick, 2014).

Various studies have shown the relationship between women labor force participation and economic development (Altuzarra et al., 2019; Dogan & Akyüz, 2017; Verick, 2014). The common conclusion from these studies is that long term economic development and women labor force participation follow a U shape. That means, during the early stage of economic development women labor force participation decline due to a shift towards industrial-based economy. In the later stages of economic development, which is dominated by service-based economy women labor force participation increases, which is accompanied by increased level of education (Altuzarra et al., 2019). Hence, ensuring women labor market participation at every stage is utmost importance to the economic development of any given country.

Obviously, the labor market participation of women varies in developing and developed countries as well as in rural and urban settings due to various factors such as level of education, fertility rates, social and cultural norms, the nature of economic growth and job creation

(Verick, 2014, 2018). To facilitate and improve equal labor participation, empowering women through education, training, family-support policies and creating conducive working environment is important (ILO, 2018). In particular, the latter has seen little attention in developing countries, such as Ethiopia. Hence, creating women-friendly environment by improving the working conditions in various workplace is vital to encourage women employees to contribute competitively. For example, by giving attention to women menstrual health in the workplace in developing countries.

Ethiopia is one of LMIC and the second most populous nation in Africa, with a population of around 109 million (World Bank, 2019). The country was long known for its extreme poverty; However, the last one and half decade have seen periods of fast economic boom. Yet, the country still has one of the lowest per-capital incomes (1000\$ in 2020) according to IMF report (IMF, 2020). Moreover, the country has a very low human development index. Also, there are gender differences in the labor market participation. According to CSA (2004), there is a significant difference between unemployment-to-population ratio among men and women, with 35% and 52% for men and women, respectively. There is also higher pay gap between men and women in the labor market with CSA (2004) statistics showing average payment of women as 266 Birr (about 7 USD) while men get almost double of the amount with 500 Birr (14 USD) per month.

Around 52% of women experience menstrual flow in Ethiopia (House et al., 2012). The facilities necessary for MHM, however, are at a very low level of development with girls complaining that latrines had no sufficient water, and when there is water, there are restrictions in the usage of water by the administrators (Sommer et al., 2015). Many researchers have reported the consequence of discriminations and lack of physical infrastructure during menstruation on women participation in school, community and spiritual activities as well as in the workplace (J. Hennegan et al., 2019; Iroegbu et al., 2018; Motro et al., 2019; Sommer et al., 2016; Winkler & Roaf, 2014).

Physical infrastructure such as private and safe access to clean sanitary products, privacy during menstruation related activities, availability of soap and water for bathing and facilities for disposing MHM products is vital to equitable participation of women in the labor market (MacRae et al., 2019). More importantly, most menstruations are experienced during the working age (15-64) (OECD, 2020). Therefore, the influence of menstruation on women labor force participation is of paramount importance (Krenz & Strulik, 2019).

The writer of this thesis experienced firsthand how much the lack of functional physical infrastructure such as the lack of water, sanitation and hygiene affected the quality of my work, personal life both psychologically (such as shame) and physically (such as the feeling of uncleanliness). This resulted in additional stress related to unfinished tasks since I had to stay home or to leave early from work a few days every month due to menstruation. Moreover, the lack of communication to discuss about MHM due to cultural taboo and stigma.

Although there are some studies in LMIC on how absence/presence of MHM facilities impact on women participation in the labor market (Krenz & Strulik, 2019; Sommer et al., 2016), studies are limited that focused on cultural and communicational dimensions of MHM. Thus, this study motivated on the personal experience of the writer wants to investigate the current experience of Ethiopian women labor market participation and the role of conducive work environment in the workplace. Conducive work environment, in this context, represents access to MHM and private spaces in which women employees change and dispose their sanitary pads as well as gets access to WASH facilities at various workplaces. Moreover, it also represents a supportive environment where women exercise MHM activities without embarrassment or stigma. Conducive work environment can facilitate increased women availability and participation in the labor market. Moreover, the role of cultural taboos and communication around MHM will also be studied. Afterall, access to safe, private and dignified MHM and WASH facilities in the workplace are not only linked to Sustainable Development Goals (SDGs) but also are human rights issue (HRW, 2017).

1.1 Objective and research question

The objective of this thesis is to investigate the impact of MHM facilities such as functional physical infrastructure including access to Water, Hygiene and Sanitation (WASH) facilities, and access to affordable MHM materials on women labor market participation. Furthermore, the thesis aims to explore women challenges in integrating MHM at the workplace, and the coping mechanism that working women in Ethiopia use. By doing so, I intend to contribute to a nuanced understanding of women's choice of labor market participation and their empowerment.

The research question that this study aims to address is:

“How does access to MHM affect women's equitable participation in the labor market?”

Furthermore, the following sub research questions are examined.

- a. What challenges do women working in the formal sector perceive with regard to MHM?
- b. How do women cope with MHM?
- c. How does MHM affect women at work?

1.2 Outline of the paper

This paper is structured as follows. In section one an introduction about the role of MHM in women labor market participation is described. The next section is background, which discuss MHM, WASH, Gender disparity and women empowerment in Ethiopia and Ethiopian labor market. Literature review discusses the links between women MHM experience and labor market participation using previous research. Section three describes the theoretical framework by using liberal feminist theory as a tool to understand the different aspects of women MHM and labor market participation based on the concept of intersectionality, patriarchy, socio-cultural factors, and women empowerment. Section four describes the methodology used in this research. The fifth section explains the empirical findings of respondent's MHM experience overview in different workplaces in Ethiopia. Section six presents result and discussion. Finally, section seven concludes.

2 Background

One of the major factors affecting women labor market participation is access to (or lack of) WASH facilities for managing their menstrual flow in the workplace. As a result, such facilities play an important role in women long-term employment. This section clarifies concepts related to MHM, WASH facilities, gender disparities, and women empowerment in the Ethiopian labor market.

2.1 MHM and WASH

Organizations in this modern time are expected to provide conducive work environment that motivate, inspire and make employees productive by reducing stress (Debbie et al., 2014). In the context of this thesis, conducive work environment represent access to MHM and private spaces in which women employees change and dispose their sanitary pads as well as gets access to WASH facilities in their respective workplaces.

According to UNICEF, Menstrual Health Management (MHM) is defined as follows: “Women and adolescent girls using a clean menstrual management material to absorb and collect blood, that can be changed in privacy as often as necessary for the duration of the period, using soap

and water for washing the body as required and having access to facilities to dispose of used menstrual management materials” (UNICEF, 2019).

WASH is the collective term coined by UNICEF for Water, Sanitation and Hygiene. Water represents access to safe water. Sanitation represents access and use of basic toilets with a focus to minimize contact of people with human waste. Hygiene represents nurturing good hygiene practices e.g. handwashing with soap (HRW, 2017). WASH facilities play an important role in MHM of women in the reproductive age. Moreover, access to WASH facilitate increased women availability, participation and productivity in the labor market. Thus, access to MHM and WASH facilities are directly related to Goal 5 (Gender Equality) and Goal 6 (Clean water and sanitation) of the UN SDGs (UN, 2020).

2.2 Gender disparity and women empowerment in Ethiopia

Ethiopia is ranked 72nd out of 93 countries in 2005 in terms of Gender Empowerment Measure (GEM), a measure which shows men’s and women’s capacities to actively participate in economic and political sectors (Robles, 2012). As a signatory of the Millennium Development Goals (MDGs) in which the third goal explicitly states about gender equality and women empowerment, Ethiopian government has taken different actions. One of these is the significant increase in primary education enrollment which in turn has contributed to decreasing the gender imbalance (MoFED, 2005). While minimizing gender imbalance in the schooling system is very important as it contributes to enabling women to the job market, this impact will still be limited if other challenges which create obstacles in women labor market participation exist. Lack of access to WASH facilities to integrate MHM in the workplace is one of such obstacles. A world bank report in 2007 shows that Ethiopian women face disadvantages in the labor market compared to men as they are shown to be less participatory when employed. Hence, they are highly over-represented in unpaid jobs or jobs paying very low (World Bank, 2007).

2.3 Ethiopian labor market

In developing countries, female employability is increasing strongly over time, in part motivated by a general shift from agriculture to service sector and light manufacturing jobs (Kabeta & Sidhu, 2016). Similarly, in Ethiopia both the service and manufacturing sectors have seen a rapid rise due to the economic boom (9.8 % the last 10 years) of the country (World Bank, 2020). Hence, the positive development trend improved women employment opportunity as well as raised female empowerment (Heath, 2014; Jensen, 2012).

Furthermore, in most developing countries women, more likely than men, work in low-paying, part-time and informal jobs (Otope, 2017). However, due to increasing number in women enrollment in education, there is progress in women employment in formal job sectors where such jobs are stable, decent, secure and productive. As a result, most educated women are getting employed in the formal jobs such as industry and service sectors (DTDA, 2020). The formal job sectors include financial, hospitality, retail, health, human services, information technology, education, transportation etc. For example, most of educated women prefer the formal job sectors for the reason of “*secured family life, attractive salary, favorable working conditions and the stability in work*” (Ramya & Raghurama, 2016, p. 1761). Additionally, in recent years formal job sectors are also relevant for women employment. In such sectors customer satisfaction is important (Negi, 2009). Customer satisfaction is gender dependent on the perception of good customer service and service quality. In this sense, women are reported to give quality interaction and service processes to customers while male counterparts are more outcome focused (Christine & Marion, 2011). As a result, women become more appropriate in certain formal job sectors. For example, in Ethiopia women have higher employability in banks as clerk and as airline flight attendants (hostesses) due to higher level of customer satisfaction (Shanka, 2012).

3 Literature review

3.1 The role of menstruation and women labor market participation in LMIC

Women’s participation in the labor market is affected by the menstrual problem in their daily lives around the world. This has a repercussion on women contribution to the economic development of a country. In the past, there has been qualitative and quantitative studies regarding the effect of poor MHM in absenteeism from school (J. Hennegan et al., 2016). Moreover, other researchers have described various challenges that women face, such as early marriage, accessibility to education, and unemployment (Jones et al., 2014). There is also a growing qualitative literature evidence suggesting the impacts of inadequate WASH facilities on the participation of women in the labor market in developing countries (Krenz & Strulik, 2019). Especially, in developing countries MHM become a critical issue since there is lack of WASH facilities. Moreover, socio-cultural beliefs and taboos labeled menstruating women as impure creating stigma. As a result, many women anticipating challenges in MHM in the workplace “may prefer to stay at home during their period.” (Krenz & Strulik, 2019, p. 1-2)

Particularly, in the developing countries the lack of WASH facilities as well as less availability of MHM in the workplace can affect employed women in a significant way. According to Krenz & Strulik (2019), women suffer from social exclusion due to menstruation and period poverty. Moreover, lack of communication and misunderstanding about women sanitation problem throughout organizations lead to stressful working time and psychological damage. This affects women's decision making which could lead to reluctance in participation in the labor market. This in turn leads to women absenteeism from work, which implies a substantial loss of income for the household (*ibid.*).

In developing countries, there is unfavorable environment for women to participate in a formal paid labor market. Consequently, women either work in informal sectors such as home-based and subcontracting work, which is poorly paying and insecure due to lack of social security benefits or become a housewife. As housewives', women perform the so-called "reproductive labor", unpaid household duties such as cleaning, cooking, and child-rearing (Duffy, 2007). Moreover, the women who experienced period poverty (lack of access to sanitary pads) are more likely to suffer from depression, unfulfilling love life and struggling to pay their bills, etc. (Elsworthy, 2018).

Additionally, according to Elsworthy (2018), the higher percentage of women who experienced period poverty is more likely to settle on the one simple job, which was their first offered job. According to the same author, those women who had been in period poverty, struggled to find employment or finding a new job, since they couldn't cooperate with many friends (e.g. being scared to socialize) (*ibid.*). Moreover, as the large percent of women who had been through period poverty, they prefer to stay with a simple job. Consequently, they suffer money troubles, and sometimes unable to keep up with financial demands for accessing sanitary products.

Menstruation problem could affect female education, social and economic activities. Furthermore, the problem that affects women in the workplace is significant. The consequence of poor MHM and limited access to WASH has a negative effect on women educational, physical health and psychological wellbeing (Sommer et al., 2016). Furthermore, Sommer et al. (2016), showed that having inadequate MHM facilities in the workplace could hinder women employees from quality performance in their daily work activities.

The discomfort (pain) during menstruation, and the feeling of embarrassment due to lack of communication regarding menstruation could also lead women to become vulnerable and unfriendly. These challenges could potentially make a woman to be anxious, stressed, less

concentrated, and less productive (*ibid.*). Moreover, in the LMIC, MHM and WASH facilities in workplace is limited or if present, not functional. There is also no clear policy or guidelines related to menstruation issue in the workplace. As a result, there exists multiple factors such as social norms, cultural taboos, shame, segregation, and embarrassment that restrict women from equitable labor market participation in LMIC such as Ethiopia.

Earlier studies have explained the links between the importance of MHM for women dignity and various human right (Hennegan, 2017). Hennegan (2017) further elaborated that MHM facilities are essential preconditions that present a specific challenge in resource poor countries. Access to toilets, soap and water for washing the body as well as absorbents has clear implications for women's human right to water, sanitation and the right to safe, private and secure place. Hennegan (2017) described the cause as follows: *“Inadequate sanitation, privacy, and disposal facilities necessary for menstruation in schools or workplaces represent structural inequalities that compromise women's right to equality, education, and work.”* (Hennegan, 2017)

Moreover, according to the author, social taboos and lack of communication in the workplace about menstruation contribute to negative working environment for the women. In other words, women's rights towards dignity and equality are bargained due to menstruation (*ibid.*).

3.2 Sanitary pads and women empowerment in the workplace

Lack of information about sanitary pads and accessibility to WASH for MHM in the society makes menstruation process a difficult part of women's life. Since the onset of their first menstruation (menarche) girls feel fear, embarrassment and shame to even talk openly in the 21st century (Hennegan et al., 2019). Undeniably there is a progress to support girls and women during menstruation by providing physical infrastructure and access to sanitary pads. For example, Kenya has started providing free sanitary pads to girls in school and in Ethiopia there are MHM clubs that aim in creating awareness about menstruation (Tellier & Hyttel, 2018).

In Ethiopia, 24.1 million girls and women in reproductive age are in need of menstrual hygiene products or WASH facilities. About 45% of women in reproductive age (WRA) (15-49 age) use commercial products which among them 53% of women and girls report using homemade cloth. Only 28% of women have everything to manage their menstruation (Tellier & Hyttel, 2018). This is consistent with previous research showing how in developing countries like Ethiopia about 25% of females do not use sanitary pads to manage their menstrual flow and isolate themselves during the time of menstruation (FMOH, 2016).

In school, it has been reported that girls and female teachers find it challenging to communicate about menstrual issues and MHM due to shame, embarrassment and fear of ridicule. As a result, “*many girls do not understand what is happening when they start menstruating, and they have limited knowledge on biological processes* (Tull, 2019, p. 6). This has been facilitated by cultural taboos around menstruation. Additionally, in different cultures in Ethiopia menstruation is considered as dirty and impure (Tamiru et al., 2015; Vashisht et al., 2018). Although more than half of the world population experience menstruation in their lifetime, interestingly, the issue of menstruation and MHM are not discussed comfortably, in schools, at workplace and in the society, especially in LMIC such as Ethiopia.

According to Krenz and Strulik, (2019), most women in developing countries like Ethiopia use the disposable sanitary pads and old cloth to absorb menstrual blood where both materials need a safe place to be changed. However, old clothes are mostly reused hence carries further challenges of cleaning the material by washing. These tasks could be difficult to perform in the work environments and jobs outside home even in the formal sectors of employment, for example, in the most formal sectors in Ethiopia without access to WASH facilities. As a result, changing and cleaning MHM materials during working days can become difficult (Krenz & Strulik, 2019).

Difficulties related to sanitary pads discussed above could be partly solved by some women empowerment mechanisms like providing sanitary products for menstruation hygiene management in the work place (Tull, 2019). On one hand, development by itself plays a major role in driving down inequality between men and women. On the other hand, empowering women can benefit from the development of organizations (environment or an area). Sanitary issue is not only for economic empowerment of women as well as access to the labor market, but also it substantially improves women education, health and wellbeing. For example, “*empowered women and dignified work are critical to better business*” (Tull, 2019, p. 3). Moreover, Tull (2019) describes about the important of Menstrual Hygiene management (MHM) that significantly helps to increase women performance and empowerment in the workplace.

3.3 The role of MHM in women psychology

Women menstruation can produce “psychological stress which also produces psychological responses” (Fenster et al., 1999). By the activation of the corticotropin-releasing hormone in the nervous system affecting menstrual function. Moreover, Fenster et al. (1999) addressed the relationship between psychological stress and menstrual function in the workplace. As

measured by life event or some perceived scale, there is stress connected to variation in the length of menstrual cycle, an ovulation, duration, and amount of menstrual bleeding (Fenster et al., 1999, p. 127).

Hennegan, (2017) has also described the impact of poor MHM on psychological welfare of women. Moreover, the negative impact of lack of adequate facilities to support MHM on women labor market participation is also highlighted. Such studies provide a clear link between rights of MHM with dignity, to the psychological women welfare and equitable participation of women in the labor market. (Hennegan, 2017).

Sommer et al. (2016) highlighted that adequate availability of MHM requires access to WASH facilities. It also needs affordable and appropriate menstrual hygiene materials and services for their disposal, policy and supportive environment. This helps women to manage their menstruation without any embarrassment or stigma (Sommer et al., 2016).

Women have developed their own personal strategies to handle their period. Globally, these strategies vary greatly due to the personal preferences, availability of resources, economic status, cultural traditions and beliefs, education status, and knowledge about menstruation. Practices related to menstruation hygiene are of major concern as it has a health impact. It has been reported that neglected poor menstrual and genital hygiene can lead to “toxic shock syndrome, reproductive tract infections (RTI), and other vaginal diseases” (Kaur et al., 2018).

3.4 Women employment in Ethiopia

Women constitute around half of the population of Ethiopia according to the population census in 2007 (CSA, 2008). In Ethiopian labor market gender difference in employment is clearly visible. The employment-to-population ratio in 2000 was 62.1% for women and 86.5% for men. Interestingly, the employment number figure was also similar in 1995, 62.6% for women and 86.4% for men (Hallward-Driemeier & Gajigo, 2013). This shows almost no improvement in women employment over five years, which is worrying. However, it is evident that there is some improvement in women employment in certain areas; e.g. the service sector saw 6% rise in women employment between 2000 and 2018 (see Figure 1 below).

Featured indicators	2000	2018
Employment in agriculture, female (% of female employment) (modeled ILO estimate)	67.8	59.5
Employment in agriculture, male (% of male employment) (modeled ILO estimate)	83.2	72.0
Employment in industry, female (% of female employment) (modeled ILO estimate)	8.7	11.0
Employment in industry, male (% of male employment) (modeled ILO estimate)	5.3	12.9
Employment in services, female (% of female employment) (modeled ILO estimate)	23.5	29.5
Employment in services, male (% of male employment) (modeled ILO estimate)	11.5	15.1
Unemployment, female (% of female labor force) (modeled ILO estimate)	4.6	2.4
Unemployment, male (% of male labor force) (modeled ILO estimate)	2.5	1.3
Wage and salaried workers, female (% of female employment) (modeled ILO estimate)	7.8	10.4
Wage and salaried workers, male (% of male employment) (modeled ILO estimate)	11.0	16.1
Contributing family workers, female (% of female employment) (modeled ILO estimate)	58.7	58.1
Contributing family workers, male (% of male employment) (modeled ILO estimate)	23.6	23.1

FIGURE 1: DATA SHOWING MEN AND WOMEN LABOR MARKET PARTICIPATION IN DIFFERENT ECONOMIC SECTORS IN ETHIOPIA. (DATA: WORLD BANK, 2020)

Recently, there is an increase in the number of educated women in LMIC (Tambunan, 2009). As a result, higher number of educated women have become available for employment and a significant number of females get access to recruitment and get the chance to involve in different job sectors. In most developing countries like Ethiopia, paid jobs have been less accessible in suitable working environment for women, even for educated women due to various factors. For example, in the past, in Ethiopia, a husband could prevent his wife from working outside home. However, in the updated Ethiopian family law it is stated that “a spouse could no longer deny permission for the other to work outside the home” enabling women to do work outside of home (Hallward-Driemeier & Gajigo, 2013). As a result, women could seek job outside home both in the formal and informal sector. Various workplaces such as tourism, financial and telecommunication sectors have been preferred by women due to the availability of open positions related to the country economic development and perceived job security in these sectors (Negi, 2009).

Despite the progress in women employment study shows that women are still underrepresented among professionals and skilled workers but overrepresented among clerks (Hallward-Driemeier & Gajigo, 2013). As a result, most women work in jobs that pay less and require no or little skill. Moreover, even those women who have higher level of education go for any job that they are offered first to fulfil their daily financial requirement for living. This results in significant pay differences between men and women. Women are paid only about half of that

of men, for example (ETB 500 versus ETB 266) in the same field of work (Hallward-Driemeier & Gajigo, 2015).

Studies have shown how various kinds of challenges that women faced in the LMIC because they are a woman. For instance, being a woman and economically dependent can lead to “early marriage” due to backward societal norms and taboos (Jones et al., 2014). Women employment is therefore important in empowering women to become economically independent, and to boost their self-confidence. This in turn has been argued to help the economic development of countries (Tull, 2019). Similarly, in LMIC such as Ethiopia ensuring labor market participation of woman is vital for an all-inclusive economic development. However, Tull (2019) have also argued that women employment only cannot guarantee women empowerment. Companies and organizations should think about ways to improve women health-related problem in the workplace. Hence, for a sustainable development of LMIC countries conducive and all-inclusive work environment that includes functional WASH facilities for MHM is critical.

Generally, the literature indicates that in LMIC such as Ethiopia there is severe shortage of WASH facilities for MHM that affects women labor market participation. Women with period poverty find it hard to participate in the labor market which deprives them of income. Low number of women participating in the labor market not only affect their economic independence but also their psychological wellbeing. One method of solving this problem is through women empowerment. Women empowerment could be enabled through conducive work environment and through provision of sanitary pads for MHM in the workplace.

4 Theoretical framework

MHM and access to WASH facilities in workplace is an important issue that plays a significant role in women labor market participation. However, in developing countries, a negative value is placed on menstruation and MHM due to many sociocultural taboos. As a result, open discussion about menstruation, MHM and WASH facilities is non-existent at home, and workplaces. To understand how cultural taboos, have shaped views regarding menstruation and how women labor market participation is influenced by MHM and access to WASH, this study adopts a sociocultural perspective based on liberal feminist theory. The key concepts and theories that are pertinent for this research will be used for analyzing and discussing the data.

4.1 Feminist theory and women labor market participation

Feminism is a term for a range of views about injustice against women, where gender is central to inequality. In most culture men have received more opportunities than women. Historically, feminism started as a struggle for basic political rights for white middle-class women in what is called the “first wave of feminism”. It was argued that if women are provided same education and opportunity, they would be equal to men in every respect (Code, 2001). The “second wave” emphasized socio-economic and cultural issues. Equality in a range of situations such as education, workplace and at home were demanded in the second wave. The “third wave of feminism” went beyond the two waves of feminism to bring attention to the role of race, ethnicity, class and nationality on the issue of inequality amongst women of color as well (Nehere, 2016).

There are different feminist theories based on the ideologies and strategies followed. The most common ones are radical feminism, socialist feminism, cultural feminism, and liberal feminism. In this thesis the concepts of liberal feminist theory will be discussed to understand the role of conducive working environment to MHM, and access to WASH facilities in ensuring the empowerment of women and their equal participation in the labor market.

4.1.1 Liberal feminism and women labor market participation in LMIC

Liberal feminism is based on the liberalism ideology which argues the need for gender equity in economic, social and political aspects of development. It assumes that women and men have the same capacities in rational and spiritual analysis and as a result there should not be a gender barrier to education and economic opportunities (Osmond & Thorne, 1993). Liberal feminism, in contrast to radical feminism, is evolutionary. In a sense that they do not challenge the status quo of capitalism and patriarchy directly rather they strive for equal opportunity as men while fighting against oppressive gender roles and sex segregation in vertical and horizontal dimension of organizations. Moreover, to eliminate inequality in the workplace, they support “equal pay for equal work, sex-blind performance appraisal, equal opportunity for training and gaining higher status work, increase in the number of working women” (Irefin et al., 2012, p. 13).

The concepts mentioned in feminist theories, in particular liberal feminist theory will be discussed throughout the thesis to understand the role of conducive working environment to MHM. Moreover, access to WASH facilities that facilitate MHM in workplaces in ensuring the empowerment of women and their equal participation in the labor market will also be discussed.

4.1.2 Patriarchy and women labor market participation

Feminist theorists argue that in patriarchal cultures, women's inferiority is magnified by what makes them different to men e.g. menstruation (Chant & Pedwell, 2008). Since menstruation highlight one important difference between women and men, it can, for instance, lead to the perception of reduced competence (Roberts et al., 2002). Hence, it is also argued that patriarchal culture and norms relegate women into secondary status in the family and society. (Chant & Pedwell, 2008). In patriarchal society, men are thought to be involved in production while women are in reproduction. This perspective has its own negative impact on the participation of women in the labor market.

For women to be effective in the labor market participation, they should be employed in "equal terms" where additional conditions like access to WASH and MHM are fulfilled. These equality in the work environment gives women the freedom to choose to work if they want (ILO, 2008). Of course, socio-economic changes have changed the status of women from childcare and household duties to "working". Yet, the patriarchal values that are perpetuated in the household resist change and gets reflected in the labor market as well (Beneria et al., 2015, p. 72). As result women become vulnerable from realizing their full potential and end up working in low paying jobs, with less professional development under unfavorable working conditions despite entering the workforce with credentials and expectations like men.

4.1.3 Women empowerment: The ability to make choices

Feminists theory consider women empowerment as an important tool in increasing the power of the oppressed in personal, interpersonal and political level (Turner & Maschi, 2015). Additionally, liberal feminists have strived to end discrimination and stereotyping in employment and working environment through women empowerment (Osmond & Thorne, 1993). Movements of feminism may not bring change immediately, but they act as a sign that such behavior will not be tolerated (Deveaux, 1994). Empowerment can be understood from the perspective of having the ability to exercise a great deal of choice "*Feminists need to look at the inner processes that condition women's sense of freedom or choice in addition to external manifestations of power and dominance...*" (Deveaux, 1994, p. 234). Of course, as argued by Kabeer (1999) "*some choices have a greater significance than others in terms of their consequence for people's lives.*" Those choices that have higher importance are called first order choices such as choice of livelihood, to have a child or not, etc. Second order choices are choices that are important for the quality of one's life but not critical. In the context of this study, regarding women in LMIC of research area, the ability to make choices represents those

women's ability to choose for participating in the labor market with a conducive working environment to meet their financial needs to MHM with access to WASH facilities to determine the conditions where women can work in any organization and have their livelihood. Thus, they are first order choices (Kabeer, 1999).

4.1.4 Sociocultural factors in women labor market participation

Feminist theory assumes that the overall economic, political and sociocultural power relations contribute to the inferior status given to women. Bringing broader social change is necessary to get women out of the oppressive and dominant socio-cultural conditions (Deveaux, 1994). For instance, although menarche (the beginning of menstruation in adolescent girls) is a rite of passage for womanhood. In many cultures MHM is perceived negatively and surrounded by negative taboos. This has resulted in women to be discreet when managing their menstruation and poor communication about MHM. Broader issues of sociocultural norms and practices are important to the perception of menstrual issues. However, cultures are known to evolve and to overcome the negative cultural perception of menstruation, not only women but also men have to be educated by revolutionizing cultural practices¹.

The role of men to MHM comes from the following factors. First, menstruation is one key element in human reproduction and parenthood. Second, patriarchal societal structure is dominant in most cultures, in particular in LMIC. Hence, they can play a significant role by creating conducive environment and providing finances for MHM in the household. Moreover, they can also challenge negative social norms and cultural taboos. Third, men can advocate for access to WASH in school and at the workplace (Danielsson, 2017).

4.1.5 Intersectionality

Intersectional theory advances feminist scholarship beyond middle-class white women to account all women from different class, ethnic and racial backgrounds. It is argued that the life experience of women oppression and challenges cannot simply be separated to gender, race and ethnicity, instead their experience is an intricate mixture of different variables (Acker, 1990; Samuels & Ross-Sheriff, 2008). The term intersectionality was coined by Kimberly Crenshaw in 1989 to describe the exclusion of black women from the feminist movement of political and social equality (Ternsjö, 2018). Initially, intersectionality touched upon three aspects of women of color. The first aspect is structural intersectionality, where the location of women of color at the intersection of race and gender makes the actual experience of domestic violence, rape and

¹ Cultural practice arises from the lived experiences of individuals at the intersection of multiple identities such as gender, class and race within a particular community (Figueroa & Sanchez, 2000).

remedial reform qualitatively different than white women. The second one is political intersectionality which addresses political marginalization. Black women had to endure in the US historically to the present times. Third, representational intersectionality addresses on the representation of women of color in media in a sexist and racist way through marginalization and objectification (*ibid.*).

It has been argued that intersectional analyses can be used to understand how oppression is constructed and maintained through multiple aspects of identity (Zambrana & Dill, 2006). There are different benefits of intersectionality as a theoretical framework. Simultaneity, complexity, irreducibility, and inclusivity stand out. That means intersectionality follows multiple operatives that are equally important in constructing institutionalized practices and life experience. This contrasts with unitary or additive approach, which create a category by ignoring what are considered minor factors through categorical exclusion. And factors which are deemed important are just added. However, in workplace women could encounter multiple challenges due to their gender, for example. Thus, it can be argued that intersectionality can capture what women feel simultaneously from multiple challenges and theorize the interwoven nature of systems of oppression that affect women labor market participation. Thus, instead of categorizing women challenges to a narrow category, intersectionality allows to study how oppression is produced through multiple aspects of women life (McCall, 2005).

Although the concept of intersectionality started with the idea of including women of color in feminist movement, it is used in literature to identify and study structural, political and representational phenomena in other walks of life. The concepts of intersectionality may be challenging to apply in a quantitative analysis without categorization. In a qualitative research, however, one can overcome this challenge either by creating a single category where multiple aspects are studied as a whole or by using intersectionality as empirical to interpret results than as a research method (Carastathis, 2014).

In line with the above argument, women labor market participation in developing countries is challenged with multifaceted issues. Cooking, laundry and child rearing are left as women responsibilities. Those women who managed to start working suffer from unfavorable working conditions such as lack of access to WASH facilities to manage their menstrual hygiene. Usually the challenges are not independent rather they are interwoven and affect women from multiple dimensions. As a result, interpreting the data that I collect from the interview using intersectional approach could also help bring forward the multiple challenges that affect women labor market participation in developing countries such as Ethiopia.

5 Methodology

5.1 Research design

In this section, description of the framework for data collection and data analysis will be provided. It also gives idea on priorities on the dimension of the research process range as it helps to see the link between main variables (Bryman, 2016).

In this study, a qualitative research method is followed since it enables conducting in-depth studies about a broad range of topics (Yin, 2011). The chosen method for this study is thus an in-depth qualitative method, with about 15 interviews with a focus on gaining detailed information. Furthermore, according to Yin (2011) a qualitative research method is used to *“study the meaning of people’s lives in the real world, show the vies and perspectives of the people in the study, cover the contextual conditions within which people live, and contribute insights in to existing or emerging concepts that may help to explain human social behavior.”* (ibid.)

The study uses a method useful for answering the research question and sub-questions. Primary data collected through interviews from a sample of women working in different formal job sectors in Ethiopia is used. The number of respondents for the study is 15. Initially, it was planned to interview larger number of women but because of different restrictions and limitation created by the Covid-19 pandemic, the number is limited to 15.

I conducted an in-depth interview through telephone and online methods with women working in different sectors who provide services to the society. Initially, I wanted to concentrate on the banking sector only since they are preferred by working women in Ethiopia due to job security. But since I found small number of women willing for the interview, I needed to add women working in other workplaces as well.

5.2 Sampling method

The study tried to include as many women as possible given they are working in the formal job sector. The selection of women depends on their availability for interview during the data collection period. It also depends on the purpose of the research where women in the interview should be participants in the labor market. Thus, the selection method is purposive sampling or non-probability as random chance of being in the sample is not allowed (Bryman, 2016). The strategy of purposive sampling is to make sure that those sampled are appropriate (a good variety) for the result of the main research questions. I also used snowball technique to enroll

new women interviewees representing different formal job sectors who are working or have the experience of working in Ethiopia. Snowball or chain referral sampling technique is advantageous when the focus of the study is on a sensitive issue such MHM (Biernacki & Waldorf, 1981). The different workplaces the 15 respondents came include construction, finance, academic institutions, banks, telecommunication, electricity corporation, travelling agency, health institutions.

Respondents were asked specific unrestricted questions which enable the researcher to see the status of MHM facilities in each of the organizations they are working. Most of the respondents are lower level workers in the management chain, not HR managers, and we believe the data is more reliable as these women workers are direct beneficiaries of the facilities provided by the workplace in relation to MHM. All except one of the respondents are women which is important for the analysis as they can tell their firsthand experience regarding MHM and WASH facilities in their workplace.

5.3 Case selection and description

As mentioned in the purpose section, this thesis aims to investigate women MHM issues in different formal job sectors in Ethiopia. The motivation for me to choose these issues is my own personal experience while I was in school and working. I concentrated on the case of Ethiopia where I have personal experience in relation to MHM challenges in the workplace. I have been working in Ethiopia for about 6 years and during my working times I have worked in rural and urban areas. What I remember most besides my work is that the challenges I and other women colleagues faced during menstruation. During my menses I used to have painful experience sometimes that demand me to visit the local clinic for a pain killer injection. During my menstruation time, fulfilling my work duty becomes challenging. In addition, lack of access to clean and safe toilet, and water at workplace creates another challenge. There was lack of knowledge regarding menstruation both by men and women colleagues. At that time, there was also no communication about menstruation between employees and management teams. So, I want to study how the current situation looks like in my country, Ethiopia and if there is a change in physical infrastructure for MHM and attitude to discuss openly about menstruation issues.

My study focused on challenges and impact of lack of MHM facilities on working women, and coping strategies developed by women in the following sectors such as banks, health sector, academic institutions, construction company and travel agency in Ethiopia.

Banks in Ethiopia have recently become one of the places known for employing women. The government has also relaxed policies which previously restricted the sector only to the government. After 1991 many private banks have been established. This led to an increase in the number of women working in the banking sector (Zewdu, 2014). Similar development changes happened to other sectors as well. In the health sector, the government trained lots of women as health extension workers and currently tens of thousands are employed both in urban and rural areas even if the proportion is higher in the rural part of the country (Kok et al., 2015). In the academic sector, the government carried out massive expansion of the education sector, starting from primary education to university level. For example, the number of universities increased from two (thirty years ago) to more than 50 now. Even if most of the workers in the higher education are still men, the expansion has led to increase in women teachers as well (Akalu, 2014). Moreover, the move from socialist economy to mixed economy also benefited the construction sector. It led to the establishment of many private construction companies which in turn require more men and women workers.

The increase in employment of women has also raised questions about the work environment in the companies, particularly MHM experience of women. By investigating MHM challenges of women across different job sectors is expected to give more representative picture of its influence in the labor force participation of women in Ethiopia.

5.4 Data collection

This paper uses primary data collected through interviews. I used in-depth interviews through online platforms, email or telephone, which is one of the most common data collections in qualitative study. Telephone or online methods are preferred in certain situations when face-to-face interview becomes challenging due to different reasons such as pandemic. Despite the inherent limitations in certain conditions where body language and facial expression are missed, telephone interview is advantageous when participants are busy, scattered in different locations, and situations that limit the researcher to travel extensively due to different factors such as lack of budget, and limited timetable (Ritchie et al., 2014, p. 182), and in my case the ongoing COVID-19 pandemic.

5.4.1 Semi-structured interviews

I used semi-structured or in-depth interviews where respondents are willing to reply open ended questions, which could be followed by detailed questions that intends to explore and capture the insights of the interviewees on the issue of MHM in the workplace.

The study uses both semi-structured and structured interview. Some of the respondents got the same interview questions (structured interview) while others were asked some additional questions depending on their answers to the previous question and their distinct experience (semi-structured) (Bryman, 2016). In total I carried out semi-structured interview with 15 participants working in different workplace. The interviews lasted between 30 minutes to one hour. The interview was structured in a way to enable the participants express their opinion on the conditions of MHM facilities and physical infrastructure in their work environment. As Bryman (2016) recommended, the interview started with general social situation of women like age, place of work and level of education. Then, knowledge about the working environment including history with MHM such as the challenges and current MHM practices as well as coping mechanisms women use to overcome the challenges are discussed during the interview. Since the interview is about a private matter most respondents are reserved to discuss freely. In such circumstances, I present my personal experience to create a comfortable atmosphere for a more open discussion.

I conducted two types of interviews the first from the HR perspectives and the second on Women individual employees' viewpoint from those who have experience working in organizations in Ethiopia. Due to the current COVID-19 pandemic, I conducted the interview using SKYPE and regular voice call with voice recording tool. Most of the interviews are conducted in Amharic and translated to English while utmost attention is given to minimize loss of meaning during translation. Most of the respondents are living in Ethiopia, and currently, all of them are actively engaged in formal work. Some of the respondents are currently living outside of the country and the interview is based on their experience as well.

5.5 Data analysis

The data analysis is started with the transcription of the interview using MAXQDA, which is followed by coding and analysis based on the grounded theory. As Ritchie et al. (2014) mentioned, grounded theory helps in generating analytical categories and identifying their relationships. The preliminary outcomes of my interview are women MHM issues in the workplace and women labor market participation. By following the research questions and sub questions, the data is categorized and subdivided by labels. Such steps are important in squeezing the main idea of the data. Grounded theory as mentioned in Charmaz (2006) is again applied in the coding process. After completing coding, theoretical sampling and analysis follows (Charmaz, 2006).

The analytical steps in this research was content analysis in which primary data collected through semi-structured interviews are examined. As described in (Berg & Latin, 2008), content analysis helps in identifying some patterns and steps which give context for the study. The initial coding was done based on the actions and processes regarding MHM in the workplace. After that a common category of the interviews such as MHM experience of women in the organization they work was developed to understand the challenges, current practices and impact of MHM and coping mechanisms used in the workplace. Based on the common categories, I analyzed the data in such a way that it answers the main research question and sub questions described in section 1.1.

During the analysis, the intersectional nature of MHM issues are kept in mind. That means various interwoven influences such as cultural and societal taboos, religion, different race and policy and guidelines are at play simultaneously in the workplace. Thus, the categories are created to help ease the interpretation of the data in a manageable way and facilitate addressing the research questions.

5.6 Ethical consideration

Ethical considerations in getting consent of respondents, respecting their privacy and keeping the confidentiality is important during data collection (Bryman, 2016). Thus, the respondents are informed about the study e.g. by sending them the interview questions in advance. They are also informed participation is on voluntary basis and can withdraw at any stage of the interview process. Permission was requested to record the voice discussion during the interview. The privacy and identity of the participants are also kept hidden from third parties by transcribing, anonymizing and coding the files.

5.7 Limitations

Due to the Covid-19 pandemic throughout the world, in-person interview has been challenging. Instead, my data collection was limited to SKYPE and regular phone call with voice recording. I wanted to conduct interview with more people but due to different reasons including the pandemic, I could not manage to do so. Specifically, I wanted to interview few men and women in the higher level of HR to see the perspective of administrative staff regarding MHM issues in the workplace. Also, larger interview numbers could have given us more confidence in the analysis.

6 Empirical Findings: An overview of the respondents

The respondents have told their own experience regarding MHM and is presented as follows:

R1 is a young female assistance graduate in one of the oldest universities in Ethiopia, located in the Oromia region. She has worked for 2 year and 6 months. She is now working and living in Sweden with her families. Her MHM experience in this academic institution was so bad and challenging. As she mentioned in the interview, the institution working environment and the location had an impact on women day-to-day activities due to different challenges including lack of access to WASH facilities and women MHM materials. She further explained that there is lack of communication in the workplace, cultural taboo, male dominance (gender imbalance) and the bad quality of physical infrastructure (the lack of toilet facilities including WASH access and poor MHM) despite the fact that the organization is an academic institution. Such conditions have hindered women employees to from the labor market participation and realize their full potential. Moreover, in her school life experience, she had less understandings about MHM due to lack of proper education on the matter. The education about menstruation is provided by separating females and male in different rooms and she realized that menstruation issue is a big issue in females life as well as it feels embarrassing. As she explained, in schools, harassment of female students is also another big problem, that hinder them from their participation in the labor market due to psychological and confidence issues.

R2 She has BA in Marketing, and she worked in a private “Travel agency” company for about 5 years. The organization is found in the capital city of Ethiopia, Addis Ababa. She is now living in Sweden and continue her studies in Swedish language. As she mentioned in the interview, she has worked into two companies. Her MHM experience in the workplace is somehow better in the second company compared to her first company. During the interview she highlighted that the organization encouraged more female than men. However, this trend of hiring women is more for customer attraction and satisfaction. Moreover, young female is usually recruited in such companies for the benefit and productivity of the company. As she explained in the interview discussion, the main challenge that hinder women participation in the labor market is cultural taboo,

In R2 second company MHM experience was a little better. The physical infrastructure (the toilet functionality was relatively good) and she can at least communicate with her women colleagues and fix their problems responsibly.

R3 she is an HR person experienced in the non-governmental organization sector (NGO's). She has worked for about 10 years totally. As we discuss in the interview, she has been working for about 3 years in the HR position. She is PhD holder in the field of agriculture. As HR person, she tries to explain the gender equality is practiced in her organization, where the number of women is literally larger from the total number of employees in the organization. In our discussion, she tried to mention the main challenge of women in the organization that hinder them from the labor market is “pregnancy”. Pregnant women may not travel long distance to assist farmers in the rural areas, which is one of the job responsibilities. Regarding the MHM experience of women employees she explains in the interview that the organization has a greater experience in providing WC (Water Closet), sanitary pads and soap for its women employees. Moreover, in the organization there are communications between HR and few women employees concerning “menstruation pain leave”.

R4 is a female health worker in the organization, she has been working for more than 7 years as Laboratory technician. The organization's women MHM experience is poor due to bad conditions in its physical infrastructure. There is lack of sanitation facilities, which are secured and clean toilet. R4's experience regarding menstruation, she sometimes has borrowed sanitary pads from other colleagues if she doesn't have by the time. However, even if there is lack of clean facilities in the toilet, she has to use such toilet (see picture 1:1) she has no other option in the company.



Picture 1:1 The toilet condition in one of health center located southern region Ethiopia with different types of toilet (Picture shared by the responder R4). a) flush toilet and b) squat toilet. Sometimes water is provided in a plastic barrel d) or container e).

The above toilet picture and all the physical infrastructure explains the toilet conditions as well as women respondents MHM experience. As she mentioned during the interview, women employees use this toilet facilities by bringing their sanitary pads to the office. Since the company does not provide sanitary pads and access to clean WASH facilities to their female employees in the health center, they sometimes need to borrow sanitary pads from each other. However, there is no communication regarding menstruation in the management level.

R5 is a female respondent from XX Organization. She has a great experience in this organization. She has worked in two different positions; one as office management (secretary) and recently she is also an HR person in the one of the departments. The organization is located at the capital city of the country. When we discuss about women MHM experience in this organization, she explained that the experience of MHM in their organization is better in the WASH accessibility and the physical infrastructure availability for women employees. Regarding of the HR role and responsibility, she explained in the interview that the HR person alone cannot make any action or new policy on neither of women MHM issue nor other decision-making activities. Thus, an organization (which is formal job sectors) has the affirmative action from the government and they have follows certain rules in their job structure. Regarding this organization, the respondent mentioned their functional physical infrastructure, as well as the organization has arranged clean access to WASH facilities to integrate MHM practices for most women employees. On the other hand, since communication about menstruation is not common in the society, there is lack of communication about menstruation within or outside the organization. Thus, the organization facilities to WASH materials has been for both men and women in keeping the organization overall activities and standards. During interview, she expresses about one of her colleagues MHM experience in the organization. Her colleague had a difficult pain during menstruation and the pain affected her personal life and job activities. Moreover, one of the main problems that affects her colleagues was, in the time of menstruation pain, her immediate supervisor has never allowed her to leave the daily work. Since there is no menstruation leave as a policy in the company as well as lack of communication on the consequence problem of menstruation, she usually misses important meetings and urgent daily tasks. That makes her ineffective at work. As a result, during the time of evaluation and performance, she gets lower point.

R6 is a female respondent, she works in the public university as office secretary for about 2 years. Her MHM experience in the company has been much better, she had never felt pain during menstruation. However, she mentioned her friend's experience. One of her friends has

quit her job because of menstruations problems. The company that my friend worked has been small scale enterprise led by one boss, and the organization did not have WASH facilities (physical infrastructure). Usually, she has to go home to get access to WASH and MHM. But one day, the boss simply fired her from her job because she missed her work due to the of lack of MHM at the workplace. Moreover, she has also mentioned about her school friends MHM experience. And I understand that most of them has experienced the poor MHM practices as well as they have suffered many problems.

R7 is an experienced female respondent working in academics institutions for about 7 years and has a master's in business studies. She enjoys the teaching environment in the academic institutions. Her MHM experience in the organization is good, but the problem that she mentioned in this academic institution was when they have educational trip with students. Since the place is so far and there are no appropriate toilet facilities in the site, you have to prepare and plan in advance. Thus, she and some women colleagues' employees have faced challenges due to lack of MHM and access to WASH facilities at the site. Moreover, she has also mentioned to me her school life menstruation problem, how she was affected by the societal taboo and its consequence effects in her current life.

R8 is a female employee in a construction company. She has been working for about 3 years in the construction company engineering position. She told me about the other women history in integrating their MHM experience in the workplace. One of her colleagues, who has a busy schedule in the workplace, has challenges in menstrual pain. Sometimes they can be able to discuss on the problem that her friends faced. Since there is lack to WASH access in their (site) working area, they have to face different challenges in MHM. She reflects that the lack of water is a big issue all over the country and the problem of women is significant in any ways.

R 9 is a nurse female worker in a Medical College for about 3 years. She perceived that the number of female and male employees in the organization is quite equal as well as male and female recruited in fair and balanced way in this organization. However, MHM experience in this organization is also almost the same as her previous experience in other organizations. She does not have a story regarding her menstruation, but she told me about other women friend's experience in the company. The MHM problem on women employees have significant problem, which is lack of communication regarding menstruation in the organization and cultural taboo is the main challenge. She noted that, the limited MHM facilities and the facilities being bad quality highly affected women work participation in the organization.

R10 is a young and new female employee in a Bank as a junior customer service position (clerk). She has only one-year work experience in the company. R10's MHM experience to cope with challenge is respectable. Even though she has full time work involvement, during menstruation in the workplace, she can't be going out to buy sanitary pads. However, she borrows it from her friends, subsequently she can be able to accomplish her daily job. As she explained about her colleague's menstruation experience, they have a significant MHM experience during menstruation pain. When they have higher pain during menstruation in the workplace, they tend to be absent from their work. For this reason, they get low performance review in their work performance. Since there is no period leave in the company, they usually replace one another to cover their job duties as well as to minimize absence from work.

R11 has a BA degree in Economics, and she has been working for about 4 years in non-governmental organization in different positions. She seems happy working in the company, because, in the LMIC as well as in the sub-Saharan African countries like Ethiopia, there is lack of job opportunity particularly for women due to different reasons. The main problem that I have found in her MHM experience is that there is shortage of communication in the company as well as there is cultural taboo that has stigmatized women by the society. Moreover, female has gotten less education and knowledge concerning on how to manage their personal health and safety including MHM practices. Thus, female students didn't get experience and support from family and society to handle their menstruation, and it increases the problem consequence in the workplace. No one provide sanitary pads and clean physical infrastructure to encourage females study and perform their job activity. Accordingly, **R11** MHM experience is also bad in the workplace. She felt a higher pain during menstruation, she always supposed to go to clinic to have treatment. She sometimes couldn't handle her daily tasks because of her workload in her position.

R12 is an experienced male employee in the XX university, who have MSc in Business and Administration. He has been working for 5 years and he has a better experience in teaching / academics but less experience in HR position. I understand from the discussion, since the HR responsibility is decided by civil-service, HR person responsibility and rights are limited in most of governmental organization. As an academic person in the company, we were able to discuss about organizational women employees' MHM practices and experience. He told me that he came to know most women employees have strong headache during menstruation. During menstruation time, he noticed that it becomes difficult to for some women employees to perform work related tasks and observed a decrease in efficiency. Since there is no open

communication about the issue all over the organization, it is difficult to get resolution like to take leave of absence and comfortable access to WASH environment to support women MHM in the workplace.

R13 is a female worker in the XX financial sector, and she has been working for about 2 years in finance position. Her MHM experience in the organization is like the other women experience that I interviewed. She has no special stories to tell, but she sometimes has pain and she have taken painkiller. However, if sometimes the pain becomes extreme, she has to let know her friends for replacement. Otherwise she locks her office room and go home to get rest, and thus, it directly or indirectly affects her job. She usually tries to stay around the office by finding some private place for a time off, but it doesn't make her effective in the job activity. The main challenge in this organization is lack of communication. It is same problem as most of other companies' in the country. She has borrowed pieces of pad from others if she doesn't have for that time.

R14 is a women employee in XX Telecommunication as a senior customer service officer, and she has a better work experience in the company, and she has worked for about 6 years. Her workplace MHM experience is relatively better. The organization have a good physical infrastructure. She expressed her school life experience, which was so difficult. She usually missed classes during menstruation due to lack of appropriate MHM. Now, the attitude is relatively different and better that means the organization have better toilets that includes WASH facilities.

R15 is the also female employee and technician in XX Electronics Agency. She has been working for about 5 years in this company. Her MHM experience is dependent on her preparedness in sanitary pads and painkillers. When the pain becomes too much, she used to miss important meetings and activities. To manage her pain, she will take either painkiller or short nap in private place. Thus, she can go back to work and finish her daily tasks as well. The main challenge in the workplace is the lack of sanitary materials. Since there is lack of communication regarding women MHM problem, women sometimes are ashamed to borrow sanitary pads from each other in the workplace.

6.1 Description of the respondents

Out of 15 respondents, 4 of them are currently living in Sweden and they have been previously working in Ethiopia (they have experience in Ethiopian working environment). The rest 11 interviewees are living in Ethiopia. It was difficult to find all 15 respondents from Ethiopia due

to the Covid-19 pandemic. Furthermore, there was lack of internet access to reach out and communicate to them since they were not working from their workplace which provides them access to the internet. Thus, I was able to contact the Ethiopian community in Sweden (specially women, who had been working in Ethiopia) to cover a more representative sample of respondents, and with whom I was able to discuss their past experiences with regard to MHM and to WASH issue in school as well as work place in Ethiopia.

Table 1:2 Characteristics of respondents.

No	Name	Sex	Age	Level of education	Organization Name	Position	Experience
1	R1	Female	31	BA	XX university	Teaching	2 years and 6 months
2	R2	Female	29	BA	XX Traveling agency	Marketing	5 years
3	R3	Female	45	PhD	XX NGO's	HR person	10 years
4	R4	Female	29	BSc	XX Health sector	Laboratory technician	7 years
5	R5	Female	40	MSC	XX HAPCO	HR+office management	7 years
6	R6	Female	28	Diploma	XX Public University	Office secretary	2 years
7	R7	Female	39	MSc	XX University	Teaching	7years
8	R8	Female	32	Beng	XX Construction company	Engineering	3years
9	R9	Female	30	BSC	XX Medical Collage	Nursing	3 years
10	R10	Female	24	BA	XX Bank	Clerk	1 year
11	R11	Female	32	BA	XX NGO's	Economist	4 years
12	R12	Male	42	MSc	XX University	HR+ Teaching	5 years
13	R13	Female	25	BA	XX Financial Sector	Finance	2 years
14	R14	Female	40	MSc	XX Telecommunication	Senior Customer service	6 years
15	R15	Female	37	BSc	XX Electrical Agency	Technician engineering	5 years

7 Results

In this section, I present the results on the challenges perceived by women regarding MHM at the workplace, how it affected their participation in the labor market, and their practices and coping strategies, following the three research sub questions.

- Challenges in integrating women MHM at workplace,
- Impacts of menstruation on women employees

- Coping strategies of women in integrating MHM at workplace

7.1 Challenges in integrating women MHM in the workplace

In LMIC, integrating MHM for women employees at the workplace has remained challenging due to factors such as deficient physical infrastructures, cultural taboo, lack of communication, and societal structures (e.g. patriarchal system). The lack of physical infrastructure that includes the lack of toilet and WASH facilities to support MHM has been reported as well in previous research to cause “*a sense of shame, anxiety and embarrassment that contributes to absenteeism and poor performance at school*” (Vashisht et al., 2018). Similarly, as in the case of my respondents, these factors are reported to be the main challenges for women labor market participation (Sommer et al., 2016).

R1 explained about the trends regarding cultural taboo is, even though there is departmental meeting related to women problem issue in the workplace, menstruation issue has never been mentioned for the discussion. In the interview, I asked her if she (R1) has raised some personal issues regarding menstruation. She told me that since she is the only women employee in the department, and she is fearful to mention her MHM problem in the workplace. Hence, she tried to solve her problem by herself.

According to Lumutenga et al. (2017), in the discussion about menstruation, women have hesitated to involve in the discussion in front of men participants. Furthermore, out of 25 women, only 10 participated in the discussion related to menstruation problem and lack of sanitation facilitates and distribution issue. Furthermore, Lumutenga reported that the women employees have raised their menstruation problem issue to each other while the men colleagues left from such meetings (Lumutenga et al., 2017). This could be due to the existence of patriarchal society where male dominance affects the issues to be discussed.

During my interview discussion, some respondents mentioned their lack of knowledge regarding women MHM even during their school time.

“...During my school time, education about menstruation was provided. But it was provided by separating women from men and the teachers lack confidence makes me anxious.” (R1)

Tull (2019), described the lack of understanding about MHM in schoolgirls “*...many girls do not understand what is happening when they start menstruating, and they have limited knowledge on biological processes. Using education can be used to prevent perpetuate such menstrual restrictions (often repeated by females)*” (Tull, 2019). In cases where such lack of

knowledge exists, women empowerment needs to concentrate on the creation of awareness about menstruation.

Furthermore, in my interview, most respondents mentioned various challenges they face during menstruation in the workplace. Most importantly, the lack of access to safe WASH facilities and physical infrastructure in integrating MHM in the workplace. This results in women employees to become extremely stressed due to issues of MHM. Thus, the women usually run out of office to look for a clean and safe hygiene facilities to have/change sanitary pads. Sometimes, they prefer to go home to have the conveniences of home and a safe access to WASH facilities.

“...the university is far away from the city; it can create inconvenience to get sanitary pad if you are not well prepared.” R1

Most of the respondents also disclosed that there is no communication regarding menstruation issue with top-level employees of the organizations like HR and administrations, as well as no discussion and communication regarding menstrual issue with other employees due to cultural taboo and stigma. This lack of communication creates embarrassment for women to discuss about menstruation issues in the workplace openly.

The first main women employees challenge in the organization is concerning on the less emphasis on the problem of women MHM in the organization. R2 described this situation as follows:

“I think...because of less research in such kind of service sector in Ethiopia, the managers or administrator give less emphasis to menstruation hygiene management and to WASH purposes...there is no a service sector in the history where its administration emphasize on specifically women MHM issue and... there are very few organization try to improve women health’s regarding menstruation issue...” (R 2)

In agreement to the R2 description, Sommer et al. (2016, p. 3&5), discusses how MHM issues are “under addressed in research, programming and policy” in developing countries workplace.

7.1.1 Physical infrastructure

Women respondent’s clearly expressed challenges regarding physical infrastructure in the workplace. It has been clear that different organizations provide different physical infrastructure facilities for their employees. The organization physical infrastructure standard is different from

one place to another. In some organizations there is availability of WASH facilities such as access to toilet, tissue paper, soap as well as clean water that provides better function. For example, (R5 & R10) the respondents explained about the better standards of physical infrastructure at their workplace.

While in most other workplaces, the lack of such physical infrastructure makes women employees MHM experience significantly challenging. For instance, the WASH facility of such an organization is illustrated in Picture 1:1. The toilets of this organization are unclean, smells bad and difficult to use (see Picture 1:1 a). The toilets are also not fully functional e.g. the flushing mechanism is broken and not fixed frequently (Picture 1:1 c). Most of the time there is also shortage of water. Of course, sometimes water is provided in a water barrel (Picture 1:1 d) or container (Picture 1:1 e). However, the water is not clean enough for cleaning oneself since the water stay in the container for long time rather it is mostly used for flushing. Hence, such organizations have toilets with no meaningful physical infrastructure inside as well as no functioning door and water in the pipeline, and thus lack clean and functional toilet facilities.

The women who are working in one of the health sectors, expressed the difficulties of MHM in unsafe physical infrastructural conditions during the interview as follows,

“...even if the toilet is not recommended to use, I will not have an option ...” R4

The following quotes are women respondent challenge in practicing the physical infrastructure in the workplace: -

“...During menstruation... In (XX) it is difficult to use toilet...specially for women. ... there are unfunctional materials around the toilet and uncomfortable place! ... with lack to WASH... impossible to change pads...” R 1

Similarly, other respondents also strengthened the challenges faced to manage MHM in the workplace due to lack of unfavorable physical infrastructure as follows,

“... I usually bring sanitary pads with me... but... there is no water in the toilet to integrate MHM and also unfunctional toilet door with lack of garbage box to dispose materials including...uh ... used sanitary pads...” R11

“...since the toilet is not well functional with everything inside, I have never chosen to use that...” R2

The physical infrastructure has affected most women employees in the workplace. This showed that the lack of physical infrastructures has a big role in women labor market participation.

Those women who work in an organization with good MHM physical infrastructure enjoyed their workplace. On the other hand, those women who work in an organization with poor MHM physical infrastructure are unhappy about their work environment.

7.1.2 Cultural taboo

Cultural taboo is one of the main challenges that affects women participations in the labor market. Some of the response from the women participants regarding the cultural taboo challenges are presented subsequently: -

“...In the low and middle-income countries like Ethiopia, menstruation issue has been embarrassing ...most of women employees never mentioned this in the workplace...” R11

“...Besides there is a taboo towards MHM issues and as a result they are not very well discussed and addressed. ...”

Furthermore, during the interview, most women respondents have explained how the cultural taboo affects women employees in their work participation. Most of them have been afraid and feeling embarrassed to mention and talk about their problems regarding their menstruation. The following responses demonstrate this argument.

“...difficult ...they never mention the problem ... R9

“...menstruation issue has been embarrassing and because of the cultural taboo...most of women employees never mentioned this in the workplace...” R11

Previous research has already shown that most female workers feel stressed thinking about themselves unclean. These cultural taboos also discriminate women from their men counterparts in various aspects of their societal activities (Guterman et al., 2007). Moreover, according to Sommer et al. (2016), because of the prevalence of cultural taboo, the discussion regarding MHM within the society and employees at the “*local, national and global level*” has been very difficult and limited.

Cultural taboos create stigma and make women employees to be embarrassed and feels ashamed to discuss menstruation in the workplace. Sommer, et al. (2016) has described cultural taboos as a key challenge in addressing MHM in the workplace. As highlighted earlier, in various cultures and religions menstruation is perceived as unclean and impure. Consequently, during menstruation women are not allowed to go to places of worship, shunned by the society and isolated from their family members. Tan et al. (2017) stated that “*many of these myths and*

cultural misperceptions persist to the present day, reflected in a wide range of negative attitudes towards menstruation (Tan et al., 2017).

With the abundance of traditional culture, especially in the rural areas, menstrual issue is still a cultural taboo in the working environment in developing countries like Ethiopia. Hence, cultural taboo remains as one of the most important challenges for the labor market integration of women in the formal sector.

7.1.3 Lack of communication concerning women MHM issue

Lack of communication about the issue of MHM in school, in the workplace and in the society is another big challenge for women. In my interview, when I ask the question if they have communication challenges about menstrual issue during meetings in their workplace, almost all of them stressed the lack of communication challenges about women menstruation problem between employees as well as coordinator, bosses and administrators.

...there was no communication. There are some departmental meetings regarding women issues but issues regarding menstruation has never been raised.” R1

“...Unfortunately, we don't discuss much on such issues with staff...” R10

One of the respondents even went further to claim that she has never seen communication regarding MHM in any workplace across the country.

“...I didn't see...I never heard communication experience of others organization.

The most obvious reason for the lack of discussion about MHM is due to stigma, which is facilitated by cultural taboos (Sommer et al., 2016). As a result, women find it hard to voice their right to water and sanitation that are supportive conditions for MHM. Moreover, if they dare to speak their rights to higher management, they fear losing their job.

Most of the women participants in this research experienced that the organizations they were working for did not have a formal or informal communication practice in place concerning women's menstruation needs. As a result, they did not practice communication concerning menstruation. Thus, the organizations have not developed a set of policy structures such as “menstruation leave” or providing sanitary pads and WASH to integrate MHM in the workplace.

“...Since there is no open communication about the issue all over the organization, it is difficult to get help... like leave of absence and comfortable environment to WASH and use MHM in the workplace...” R12

“...But there is no “menstruation leave” as well as no communication concerning menstruation...” R11

Sommer et al. (2016) highlighted, lack of WASH guidelines and standards in developing countries as another important issue for the “*provision of basic private safe clean WASH facilities and disposal systems in workplace environments.*” (Sommer et al., 2016).

The respondents have made it clear the importance of communication regarding MHM issues in the workplace.

“...I think it needs communications all over the organizations ...” R 9

Unfortunately, in some organizations they do not even consider women MHM challenges and lack of communication in this topic in the workplace as an important issue.

“... I think the problem is since people in the organization never discuss in such matter, the manager didn't give emphasis for this kind of problem and they didn't consider women menstruation problem that might be negatively affect them...” R10

“...It was not considered as an issue in the company and also there is no communication regarding menstruation issues in between the management personnel...” R2

Menstruation issue is also known to create stress and make women less productive in their studies and workplace activities with lack of access to MHM and WASH (Krenz & Strulik, 2019). The most common women employee's grievance from different job sectors, almost all women employees' respondents mentioned about the lack of communication (neither vertical nor horizontal communication). Vertical communication (including upward or downward communication), which is from managerial position to the employees or follower as well as from employees or followers to higher administration. Moreover, the lack of horizontal communication regarding menstruation, which is between employees in the organization makes the problem more challenging. Cultural taboo is an important factor in the lack of communication i.e. with keeping the problem as a “silent issue” in the society.

Cooper & Barthalow (2007) described that with no or limited communication about menstruation from school, their mother and other women have resulted in “*confusion and inaccurate beliefs about and negative attitudes towards menstruation...*” (Cooper & Koch, 2007). Lack of communication, avoidance and negative discussion about menstruation can

create difficulty in “*positive and informative discussion with others...*” (*ibid.*). Thus, communication is the only way in the workplace as well. There are no other possibilities to support, encourage and improve women employee’s health and performance in their work participation.

Lack of communication seems very prevalent in the organizations where the participants work, as well as how the lack of communication negatively affects women employees MHM integration in the workplace. The consequence of this lack of communication is exhibited in women’s long-term career. Moreover, this may lead the women to perceive their organization as well as the administration negatively. In summary, the lack of communication in organizations concerning women MHM practice and WASH facilities more likely affects women employee’s contribution in the workplace.

7.1.4 Patriarchal society

Patriarchy is literally translated as the rule of the father. It refers to societal structure ruled by men. In this research, the challenges of female/women face in the labor market participation in various formal job sectors dominated by patriarchal culture is highlighted. The participants have expressed various problems which can affect their labor market participation regarding the lack of sanitation facilities to support women MHM practices in the workplace. Moreover, in some of the companies, the physical infrastructure provided takes only men employees into consideration while disregarding the need of women employees. For example, one of the respondents mentioned about the unfavorable and uncomfortable toilet experience for women employees as follows,

“...As we usually do field works, the problem becomes severe. Most toilets in the site are used for pee and accessible only for men. Women are forced to go home or look around for a nearby café/hotel to have access to WASH facilities...” R8

“... MHM facilities do not take women into account...” R 8

Further discussion with another participant regarding on the problem on patriarchal working strategy as follows,

“...the structure is also usually male dominating strategy” R 11

“...So, I am also afraid to raise such issue related to menstruation since I am the only women in the department...” R1

“...I did not also mention to discuss such kinds of situations with male colleagues and coordinator. Because we employees understand that some rule and strategies could come from manager to follower...” R11

Patriarchal society favors sexually segregated roles and emphasizes women primary roles as mothers and housewives. Furthermore, such type of societal structure provides men higher social status and perpetuates the idea that women are inferior. In developing countries like Ethiopia male dominance/patriarchal society of organizational structure is the main challenge that hinders women employees from the labor market participation. Similarly, Ethiopia being a patriarchal society as most LMIC with many traditional values subordinate women through religion and biased cultural norms (Kassa, 2015). Moreover, in most developing countries decision making is mainly reserved for male. As a result, women, who are underrepresented in the decision making cannot play a significant role in creating policy and participate in decision making on issues regarding women such as MHM.

Additionally, according to Kassa (2015), in the developing countries like Ethiopia most women political, social, and economic activities are underrepresented because of male supremacy and patriarchal structures. The political issue as well as policy decision making mainly remains for male. This means, in Ethiopia, where women constitute 50% of the population, are highly marginalized in the decision making in workplaces concerning their social, economic, physical and psychological wellbeing (Kassa, 2015). This shows how the men dominance culture is structured and manifested in the physical structure of the organization and management. Male employees are privileged, and the physical infrastructure enables them to have ease of access to toilets, which favors their workplace participation. Whereas, organizations didn't give emphasis for women MHM facilities. Consequently, women performance become lower and gets lower rate of promotion.

7.2 Practicing and coping strategy in integrating women MHM

There are various challenges women face when they have their menstruation as presented above in section 7.1. Nevertheless, women have developed several practices and coping strategies such as social female network, drawing from breaktimes, and individualization of responsibility to address these challenges and the risks they convey. For instance, wearing dark clothes are reported by some women who are menstruating in case their blood soil their clothes (McMahon et al., 2011). Some other women try to overcome the challenges they face by being in the proximity of friends and family members who can provide advice and cover their work shift (Robinson & Obrecht, 2016).

7.2.1 Social female network/ Women solidarity/

Some of the coping strategy that most of women respondents uses the sanitary pads through sharing from other female colleagues. In the interview, some of respondents shares their experience regarding female solidarity as follows,

“... I borrowed sanitary pads from women friends... that means when I get sudden situation in my monthly period...” R4

“...she will talk to women friends to cover her part ...and she will go home to take some rest...” R5

“..., I will tell my friend to replace me...” R13

“...me and my friend (a women friend) could discuss on our problems and we can fix the MHM issue in the workplace ...with bringing to WASH materials by own...” R2

Sometimes, women employee’s solidarity is important for women labor market participation to cop up with the problem of women MHM support in the workplace. Cambridge Dictionary defines solidarity as “agreement between and support for the members of a group” (Cambridge University Press, 2020). In MHM women solidarity has been expressed by Vargens et al. (2019) as “support among women, the exchange of experiences orientations, confessions and secrets” so that women can help each other concerning MHM in any situation including in the workplace (Vargens et al., 2019).

7.2.2 Drawing from break times/ Extra time job

Often, some women use their tea break time (usually, it is around 30 minutes) if they get some materials to support their MHM outside the workplace, which is by going to the nearby cafes or going home. This means, those women spend stressful working time instead of having relaxation during break time. The following are examples of some of the women MHM practice,

“... I use my tea break time to go home and have access to WASH and MHM...” R1

“...I will go to other nearby café’s restroom ...as soon as possible to change something like pads... sometimes I will use soft paper for blood absorbing purpose... instead of any real pads ...” R2

Additionally, one of the respondents from one of the health sectors share how her experience regarding MHM practicing strategy in the workplace is challenging

“...if I take rest with quitting my daily job... I will sometimes do extra time job in free payment...” R4

Women in rural area are heavily represented in manufacturing industry and the service sector. However, due to lack of enforcement in ensuring conducive work environments (Sommer et al., 2016) including MHM facilities in such sectors in Ethiopia have lead women to use their break time looking for better MHM facilities outside their own workplace as a coping mechanism.

7.2.3 Individualization of responsibility (it is my personal matter)

In the interview, some of the women employee respondents has reflected about their responsibilities regarding managing MHM in the workplace. The women explained about their experience regarding how they are handling MHM in the workplace as well as their strategy that they use to cop up with the problem of MHM. The women prefer to work in their job owning additional responsibilities. They don't want to be fired. If fired they will lose their source of income and makes it challenging to finance MHM materials as wells as to find a new job. An example of some respondents' personal experiences states as follows,

“...So, I try to solve the problem myself as I believe it is my personal matter...” R1

“...I am struggling to stay at work...because the job access very low in such kinds of organization and working area...” R4

“...We feel like, we must take that responsibility...because anyone couldn't help us concerns our menstruation problem issue ...” R2

“The problem usually solved by women employees themselves...” R15

“...I just lock my office and go home to get rest ... until I feel good...” R13

In some country's women have the possibility of taking “menstrual leave” during menstruation that are accompanied by cramp and extreme period pain. However, most women still prefer to go through the pain while working for fear of being considered as weak, which has a potential repercussion on their future career (Lampen, 2017). Unfortunately, in LMIC most women do not even have the option of such opportunity as “menstruation leave” by law. Hence, they devise their own coping mechanisms. For example, by taking painkiller, leaving home earlier, or sometimes resting at home, which has a potential backlash in their prospective career.

7.3 Impacts of integrating women MHM in the workplace

Based on the interview data, it is understandable that most of women respondents are affected by the problem and challenges of menstruation management issues in the workplace. Women employees has expressed about the extreme effects and impacts they feel on their personal life

and wellbeing. Thus, the women have expressed their experience of working in such stressful environment.

In the interview, according to the respondents, most workplaces in Ethiopia have lack of sanitation facilities and clean water to support women MHM. Thus, the problem affects women's life and their work contributions. In this section, I will elaborate the perceived stress, performance, personal health, customer dissatisfaction expressed by the respondents working in workplaces, which lacks MHM facilities.

7.3.1 Perceived stress/ Women personal health

The most common impact MHM have on women employees' in the workplace is psychological distraction and stress. During my discussion with the respondents I come to understand the negative impact of their MHM experience towards their job and have led them to psychologically stressful situation.

Some of women respondent shared their story regarding menstruations impacts as follows,

“...even though there is WASH access in the office. ... she has higher pain and she is immediately disturbed ... in emotional and stress mood...” R5

One of respondents explained about the lack of MHM as follows,

“... led me to stressful situation...” R1

The following respondent have explained, how the MHM issue affects their personal life as follows,

“... you know, usually the pain makes me just to go to health center...because I have uncontrollable pain...” R14

Sommer et al. (2016) has explained in their paper about the workplace regarding stress. *“For some girls and women, not having a safe private location for changing used menstrual materials may lead to anxiety and stress, and in turn reduce concentration and productivity”* (Sommer et al., 2016).

7.3.2 Lack of work performance

The respondents expressed about the lack of MHM and its consequences in their work and how it affects their work performance. Some of the respondents explained their workplace experience in the interview.

“...she sometimes might not attend important meetings...missed important meetings...usually when she went home... her immediate supervisor has written

punishment letter on her, ... that may negatively affect her work performance....”

R5

“...It simply affected me (it affected my personal health life) ...the problem consequence makes me non profitable...I could not contribute more from the daily work...” R2

“... yes, it affects my workflow and concentration. Instead of focusing on my work, I have to worry about my menstruation...”, “...This also leads to reduced professional development issues...” (R1)

“...I get destructed ... that hindering me from my schedules... and... I finally...during evaluation I sometimes get less performance as compared to other employees...” R11

The lack of safe and private space for MHM can lead to stress and anxiety, which can affect concentration and productivity. Women who tend to stay at work through menstruation pain, are argued to have considerably lower productivity than those who are absent (Schoep et al., 2019). Thus, as reported by Sommer et al. (2016) as well as my study, the work performance of some women during menstruation can be negatively affected (Sommer et al., 2016).

7.3.3 Customer dissatisfaction

In some service sector the lack of WASH facilities leads to discomfort to the women, which could be reflected on customers. This sometimes has led to customer dissatisfaction. As women are expected to look happy and welcoming to the customers, while trying to control the pain during menstruation is very difficult. Displaying the real pain of the period means some dissatisfaction in the treatment of customers which could endanger the women job security.

“... the impact goes to customer dissatisfaction...i.e. if I serve the customer without smile, they will not come back the next time...they will look for another company... which may treat them well. Also, if the manager knows these things, I will be fired immediately ...it happened many times... I have to do my job gladly with higher pain of menstruation ...not to lose my job” R2

In general, lack of WASH affects women participation in the workplace. Moreover, the lack of MHM reduces women’s contribution to job, since it makes women to be reluctant to participate in the labor market. If a women employee is unhappy due to a pain related to MHM, it can be reflected outwards, which can lead to poor customer service (Hoseong & Beomjoon, 2012).

Thus, ensuring MHM facilities at the workplace has a big role in women labor market participation and increased productivity.

8 Discussion

In the result section the challenges perceived by women regarding MHM at workplace and how the lack of physical infrastructure, cultural taboo, lack of communication as well as patriarchy affected women participation in the labor market has been discussed. Moreover, the result section has presented the women respondents coping and practicing strategies. In this section the research questions based on the results and theoretical frameworks will be discussed.

8.1 Conducive working environment for women labor market participation

This section aims to expand on the result in an attempt to address the main research question, which is “*How does access to MHM affect women’s equitable participation in the labor market?*” The women respondents from different formal job sectors have discussed about how the lack of physical infrastructure in their workplace affected their daily routines, work performance and career development. Most of respondents also mentioned how the cultural taboos, led them to embarrassment, anxiety, a sense of shame to discuss about MHM, which are also reported by Sommer et al., (2016). Some of the challenges mentioned by the respondents include lack of water, unclean toilet, broken door with no lock function. A closer examination of the observed challenges can be ascribed in part to the patriarchal culture of the society. In patriarchal society the institutions and organizations are established around men. The physical infrastructures are also built considering only men workers. Men do not worry about being in a toilet with an open door for fear of security. Whereas women fear of being assaulted while tending to nature call. As a result, women prefer to have a toilet, which is functional and guarantee them safety and privacy (Caruso et al., 2017). More importantly, unlike men, women also have a distinct water and sanitation related needs related to their physiology and reproductive health processes such as menstruation (Schmitt et al., 2018).

These situations have forced the women respondents to find coping mechanisms to overcome those challenges. The coping mechanisms include using toilet facilities in nearby cafes to change sanitary pads, sharing pads with each other, if they run out and sometimes by going home if menstrual pain is too much. However, such measures and coping mechanisms are a temporary solution. For a long-term solution one has to look at how the challenges can be solved from the grassroot level. This can be achieved by open discussion about menstruation and MHM facilities at home, in school and workplaces. However, cultural taboos around menstruation, which thrived in patriarchal society, has disabled the means of communication.

Ethiopia as a patriarchal society with many traditional values have promoted women inferiority through religion and biased cultural norms (Kassa, 2015). Moreover, it is also argued that “the material base of patriarchy is men’s control over women labor power. That control is maintained by excluding women from access to necessary economically productive resources and by restricting women’s sexuality” (Makama, 2013).

The lack of communication on menstruation as a taboo “reinforced the idea that women’s bodies and normal reproductive functions are disgusting or embarrassing, thereby increasing feelings of shame” (Chrisler et al., 2015). Thus, to enable communication around menstruation and MHM issues the society has to challenge the stereotypes around menstruation and break the silence for once and for all. Some feminist theorists have put menstruation within a broader socio-cultural context. By doing so, feminists want to promote affirmative views of menstruation within various institutions (Mondragon & Txertudi, 2019). This can lead to open discussion about menstruation and MHM. This can in turn facilitate the creation of policy to guarantee access to a safe and private toilet in institutions of LMIC such as Ethiopia. Moreover, menstruation has also been used to depict women as humans with reduced competence (Roberts et al., 2002). The patriarchal nature of societal structure provides men higher social status with a pretended idea of women to feel inferior in different situations (Kassa, 2015). This has a direct effect on their equal participation in the labor market. Liberal feminists have challenged the status quo and strived for equal opportunity.

In most sectors in Ethiopia, because of poor infrastructure to support women MHM in the workplace women employees have low performance evaluation. Thus, ensuring conducive working environment enabled by open communication to abolish stigma around menstruation and MHM could positively change women status and their equitable labor market participation. Furthermore, the country needs to create policies to ensure the implementation of women friendly physical infrastructures and facilities that are vital for empowering women as discussed in section 4.1.3 by giving them freedom of choices as well allow them to participate actively in the labor market.

In summary, the argument for the need of having conducive and women friendly MHM facilities for the equitable labor market participation and beyond is supported by the work of Bochorst and Siim (2008) quoted below:

“A woman-friendly state would enable women to have a natural relationship to their children, their work and public life . . . A woman-friendly state would not force

harder choices on women than on men, or permit unjust treatment on the basis of sex.” (Borchorst & Siim, 2008).

8.2 Intersectionality of MHM in the Ethiopian labor market

Intersectionality argues that the life experience of women oppression and challenges such as MHM is an intricate mixture of different variables (Acker, 2006). Their experience cannot simply be separated to simple categories such as gender, race and ethnicity. Intersectional analyses have been used to study how oppression are constructed and maintained in the society through multiple aspects of identity instead of creating categories (Zambrana & Dill, 2006). As a result, qualitative research method is better suited than quantitative research method. In the workplace women could face multiple challenges in relation to MHM due to the intricate nature of various systems of oppression that limit their labor market participation. As a result, this thesis followed qualitative research method to understand the overlapping challenges women face in their workplace.

Initially, intersectionality has been used to highlight the exclusion of black women from white-centered feminist movements of political and social equality in the US. However, the term is also relevant for countries such as Ethiopia. Of course, Ethiopia is one of the few countries, which has never been colonized (Shinn, 2014), as a result there is little external influence in the countries socio-cultural politics. However, as a country with a multi-ethnic groups and federal organization, women face various interwoven challenges due to multiple culture, religion, race and gender issues. Women in Ethiopia are tasked with household activities such as cooking, fetching water, laundry and child rearing, which has limited their labor market participation (Allen & Raghallaigh, 2013).

Recently, due to economic improvement in Ethiopia, women started working in various formal job sectors. Some of the sectors that are benefitted from the economic boom are service, industry, academic and construction. Hence, more job opportunities are opening up for women. Data shows many women work in the service sector compared to other sectors (Figure 1). While the sectors employ lots of women, but still it has gender specific problems, one of which is related to access to WASH facilities and infrastructure (Kabeta & Sidhu, 2016). Consequently, women continue facing challenges such as managing their menstruation due to lack of access to private and safe WASH facilities in Ethiopia. As a patriarchal country, the challenges stem not only from the poor economic development but also from other systemic discrimination such as religious, racial, sociocultural and administrative structure that disregard women need.

Challenges around menstruation involves structural intersectionality. Johnson (2019) argued that menstruation injustice is the “manifestation of public policies, institutional practices, cultural representations and other norms that result in oppressive power that privileges and disadvantages persons” at the intersection of gender, race, and class (Johnson, 2019). Therefore, for a change to happen at the grassroots level concerning women MHM, government policies are argued to play an important role in enforcing standards and guidelines to force businesses and governments provide conducive physical infrastructure that supports private, and safe access to WASH facilities (Sommer et al., 2016). It is also argued that harmful cultural taboos and stereotypes that stigmatize menstruation better be overcome using the robust and strong policies that facilitates open discussion around menstruation (Patkar, 2020), which is also in agreement with the findings in this study. Even though patriarchal system has undermined women needs, Patkar et al (2020) has argued that men can be vital agents of change when presented with “pragmatic problems and implementable solutions” (*ibid.*).

9 Conclusion

This thesis has examined the challenges, impact and practices of Menstrual Hygiene Management (MHM) in relation to women labor market participation in Ethiopia based on the liberal feminist theory. Using a semi-structured interview with 15 respondents, the paper collected information about the role of MHM in women labor market participation.

The results from respondents about MHM issues in the workplaces show the intersectional nature of the issue. This is because of lack of communication, which is enabled by cultural taboo and patriarchal form of the society affecting women labor market participation in the formal job sector of Ethiopia. The women respondents outside of Ethiopia might be influenced by the current MHM facilities they have. The facilities are in general better than as the respondents live in the western countries. But interestingly, the information that I have collected from the women respondents inside and outside of Ethiopia shows that the problem about women MHM in the workplace is still prevalent. The study shows that most of the organizations have a very poor WASH infrastructure for MHM.

Different factors contributed for the lack of adequate facilities including lack of communication in the organizations where the women work. Typically, cultural taboos and stigma surrounding menstruation and MHM have resulted in lower emphasis given to women in the workplace. In some organizations with adequate physical infrastructures, there is a problem of lack of communication. This has resulted in lower performance from the participating women as they

could not properly do their job during menstruation. As most of the organizations do not have “menstrual leave”, women are also forced to work during their period with huge psychological distress and pain.

Three issues are emphasized in the paper: challenges, practice/coping strategy, and impact. The challenges include cultural taboo, lack of communication, patriarchy, and physical structure. Coping strategy includes the mechanism women used to continue in their workplace while facing MHM related problems. The coping mechanisms include sharing sanitary pads (women solidarity), communication with friends, and replacement in work shifts. Impacts related to MHM include psychological impact, where women find it hard to work while they are in their period without conducive work environment that support MHM. It also leads to decrease in productivity.

Table 1:2 Summary of the three sub questions and categories.

MHM Challenges in the workplace	Practices/Coping strategy in integrating MHM in the workplace	Impacts of menstruation on women employees
<ul style="list-style-type: none"> - Physical Infrastructure - Cultural taboo - Lack of communication - Masculinity/patriarchy 	<ul style="list-style-type: none"> - Social female networking (women solidarity) - Drawing from break times/ Extra time job - Individualization and responsibilities 	<ul style="list-style-type: none"> - Perceived stress - Lack of work performance - Customer dissatisfaction - Women personal health/psychological disturbance

9.1 Contributions

This study builds upon previous studies such as Krenz & Strulik (2019) and Sommer et al. (2016) on the importance of MHM for women labor market participation. Further it contributes specifically to bring attention concerning women labor market participation in improving their MHM experience as well as to facilitate suitable physical infrastructure in the workplace in Ethiopia. This study also helps to start discussions and improve the understanding of the interwoven challenges of menstruation to the society and to the country at large. It does so by examining the challenges, practices, coping mechanisms and impacts in integrating MHM in the workplace. This study could also serve as a basis for the respective organizations’

responsible person, the entire employees as well as to the government to take affirmative action in considering the consequences of the problem on the future sustainable development of the country.

9.2 Recommendations

Women are an integral part of the society. They are mothers, sisters and daughters. In this way they are respected. Paradoxically, lack of communications and cultural taboo has served them a great disservice in the society in terms of MHM in the workplace. This research forwarded the following solutions and recommendation:

1. Undergoing the right cultural change, open discussion about menstruation issue and its management should be developed at home, in school and workplaces.
2. Implementing affirmative actions to woman who have been suffering MHM issues in the workplace.
3. Any policy attempting to increase the level of participation of women in the labor market should take the MHM facilities into account as they are important part of the work environment.

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11 Appendix

Letter of content

I am Selamawit Kefeni Tesiso and I study Strategic Human Resource Management and Labor Relations, which is a master's program at the University of Gothenburg.

Currently, I am doing my master thesis research project related to women employee's health and menstruation issues in the workplace. I would be very grateful if you share with me your experience and understanding regarding women MHM (menstrual health management) and WASH (Water sanitation hygiene) issues in your organization's perspectives.

I really appreciate your time and effort in answering my questions. Your responses will contribute greatly to the success of my research. Thank you again for your participation! I assure that your identity and answers will be anonymized and kept confidential.

I have prepared some questions that will help me to understand the research problems under the main research questions, which is “*How does access to MHM affect women's equitable participation in the labor market?*”. The questions are listed below.

Interview questions related to HR (women or men)

1. What type of organization is it?
2. What is your educational background?
3. How long have you been working in your current position of HR?
4. How long have you been working in this organization? Do you enjoy working there?
5. What attracted you to work in this organization?
6. How does gender balance in your organization looks like?
7. Do you think male and female get access to fair and balanced recruitment in the organization? What do you do in your position to facilitate it?
8. Is there any organizational policy regarding women MHM (menstrual hygiene management)?
9. What does your organizational policy do to improve women's participation in the workforce?
10. What comes to your mind when you think about women MHM?

11. What do you think about the challenges that hinder women's participation in the workforce? Do you think a lack of sanitation and WASH could be a problem in the workplace? or other issues that affect women's participation?
12. Do you think there is enough access to WASH facilities (water and toilet) during menstruation at the workplace? How is the toilet functionality in keeping employee's privacy?
13. What do you think about the improvement of sanitation material (WASH and MHM) to women employees in the workplace? Do you think more can be done in the preparedness?
14. What do women do when they have their menstruation? Do you observe higher women absenteeism during menstruation time? How do they do to deal with personal hygiene etc.? Do you have some examples/stories?
15. What do you observe on your organization's productivity related to women's sick leave during menstruation? Do you think that decreased organization productivity? What mechanism do you use to prevent?
16. Do you think men and women fulfill their work duties equally in considering women MHM in the workplace?
17. Do you have any supporting mechanism for women employees during menstruation (psychological and Material support)?

Interview questions for women employees

18. How does it feel to be a woman and work in this organization?
19. Can you reflect on (or tell some stories about) how in the past your menstruation has affected you in your studies or in your job? What did you do about it?
20. Have you or any woman you know experienced any challenge when you have your menstruation? What are the challenges or problems? What did you do about those situations? Do you talk to other women at work or outside work about it?
21. Do you think there is enough access to WASH facilities (water and toilet) during menstruation at the workplace? How is the toilet functionality in keeping employee's privacy?
22. Have you addressed the MHM issue with supervisors, human resources, etc.?

23. How do you experience that being a woman with the MHM challenge at the workplace?

Does it generally affect your professional career? Other issues related to women's health, that have been challenging? (pregnancy, nursing...)

24. How MHM and WASH you use at home?

Symbols and explanation

XX = anonymous name

(...) = long pause

S= Interviewer

R= Respondent